

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3	✓					
4	✓					
5	✓					
6		✓				
7		✓				
8	✓					
9		✓				
10		✓				
11	✓					
12	✓					
13	✓					
14	✓					
15		0 ✓				
16	✓	4 ✓				
17	✓					
18		✓				
19		✓				
20		✓				
21		✓				
22	✓					
23		2 ✓				
24	✓					
25		✓				
26		✓				
27	✓					
28	✓					
29		✓				
30		✓				
31		✓				
32	✓					
33		✓				
34		✓				
35		✓				
36	✓					
37		✓				
38		✓				
39		✓				
40	✓					
41		✓				
42		✓				
43		✓				
44		6 ✓				
45	✓					
46		✓				
47	✓					
48		2 ✓				
49		2 ✓				
50	✓					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	✓					
52		4 ✓				
53	✓					
54	✓					
55	✓					
56		3 ✓				
57	✓					
58		✓				
59	✓					
60		✓				
61		✓				
62	✓					
63	✓					
64		✓				
65		✓				
66	✓					
67	✓					
68		✓				
69	✓					
70	✓					
71	✓					
72		3 ✓				
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	33	↓		↓		↓
TOTAL DEP.	57	↓		↓		↓
TOTAL CLAIMS	90					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS